

**SJRM**

5215 Holy Cross Parkway, Mishawaka, IN. 46545  
(574) 335-5000

**Rx**

**Patient Name: ARTHUS, GERARD A**

Birthdate: 09/24/1952

Age: 61 Years

Sex: Male

MRN: (RMC)-031064241

Allergies: **oral pain meds**

Pharmacist please note--Allergy list may be incomplete.

Patient Address: 409 W LOWELL AVE  
MISHAWAKA, IN 46545-5721

Home Phone: 5742178726  
Work Phone: 5749368898

**Non-Medication Prescription**

**Order: Outpatient Laboratory**

**Details:**

**Laboratory Tests:** CBC Without Differential

**Diagnosis / Reason:** immune thrombocytopenic purpura

**Complete Within:** 3 to 4 days

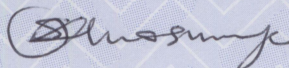
**Report Results to:** Ansari MD , Bilal

**Reporting Priority:** Routine

**Order Comments:**

Please take this lab prescription with you when getting your labs drawn

Prescribed by: **Sunday O Osunnuga, MD**



Sunday O Osunnuga, MD  
5215 Holy Cross Pkwy  
Rm 2043  
Mishawaka, IN 46545  
574.335.2521  
Fax: 574.335.2262  
Date: 04/25/2014  
NPI#: 1710937388

\*\*\*Rx Not Valid Unless Signed By Prescriber OR Transmitted Electronically\*\*\*

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